

Dateline DHMH

Maryland Department of Health and Mental Hygiene

A Message from the Secretary

One of my goals during my second term as DHMH Secretary is to find a way to provide affordable health insurance for families who currently can not manage it.



Through the Medicaid program, DHMH offers the Children's Health Insurance Program (MCHP), and it provides benefits to approximately 110,000 Marylanders. However, MCHP doesn't fully address the problem. In fact, the number of uninsured in our State continues to grow. Current surveys estimate that more than 600,000 Marylanders have no health insurance coverage.

So our challenge is to find a way to provide affordable health insurance to them.

There are a number of available options, but foremost is to develop a system that will reach as many people as possible. I know government-run programs will always be a part of the answer, but the best way to solve the puzzle is to include the private sector.

To address the problem, three things need to happen: we have to find a way to reduce malpractice costs, we have to tackle the excessive mandates private insurance must offer to its clients, and we have to have realistic expectations.

If we can reduce the number of mandates and place a limit on malpractice awards, private insurers will be able to take those savings and apply the dollars toward more affordable policies.

Let's take a look at mandates.

Maryland ranks near the top in the U.S. in the number of procedures private insurers must offer

its clients. For instance, Maryland insurers must provide benefits for in vitro fertilization, which is a technique to help infertile couples conceive a child. Insurers also must cover the second night in a hospital for a mother who has given birth. While these are both worthy benefits, they drive-up policy costs, making health insurance unreachable for many small businesses and individuals.

In addition to making private insurance more affordable, the public health sector needs to be more realistic about the coverage it provides.

We need to find a way to restructure the Medicaid program to make it more efficient, so it can cover more people. This may mean we have to look realistically at the eligibility criteria. It may mean we have to implement a sliding scale when providing subsidies to the working poor. It may mean we need to evaluate some of the services we currently provide.

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Dr. J. Mehsen Joseph

Dr. J. Mehsen Joseph, longtime DHMH employee and Director of the Laboratories Administration, passed away on June 11 due to complications of diabetes. Dr. Joseph was 74.

Known by many as "Dr. Joe," Joe Joseph began his DHMH career in 1957 with the then Bureau of Laboratories, and by 1959 was the Bureau's assistant director. In 1977, when Dr. C. Alfred Perry retired as director, Dr. Joseph was appointed Director, a position he held until his death.

Dr. Joseph's accomplishments were numerous.

He established the first comprehensive public health virology lab in Maryland. In the early 1960's,

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A Message from the Secretary

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None of these decisions will be easy.

But for Maryland to expand access to health insurance to as many of its citizens as possible, we need to make hard choices. We must find an affordable solution.



The DHMH family extends its deepest sympathy to the family of Dr. J. Mehse Joseph, who passed away in mid-June.

Joe Joseph was employed by DHMH for 46 years, the last 27 as director of the Laboratories Administration. It is impossible to chronicle his career in this short space. Suffice it to say that his cutting-edge work in new-born screening, AIDS and other areas too numerous to mention has left a long-lasting impact in Maryland, the nation, and the world.

A handwritten signature in cursive script, likely belonging to Dr. Joseph.

Dr. Joseph

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Dr. Joseph was instrumental in establishing the first of only two laboratories in the nation to screen for phenylketonuria (PKU), the first hereditary disorder to be screened in newborns. He conducted research on the effects of chronic exposure to low levels of lead in the 1970's and in the 1980's was a key participant in the development and implementation of the current testing protocols and quality controls that cover HIV testing.



Dr. Joseph was a major contributor through field studies, research and policy development on many issues, including diagnosis of Lyme disease, Legionnaire's disease, hepatitis D and toxoplasmosis; and screening for chlamydia, alpha-feto-protein (to detect Down Syndrome), and rabies immunology.

Most recently, he was the driving force in obtaining for the Laboratories Administration two tandem mass spectrometers to increase screening for treatable hereditary disorders from nine to 21.

Dr. Joseph authored or co-authored nearly 100 publications.

He was a 30-year member of the Governor's Commission, and later Council, on Hereditary Disorders.

Dr. Joseph served two consecutive terms as president of the Association of Public Health Laboratories, and as president of the Maryland Epidemiological Society. He was secretary of the

American Society for Microbiology for 10 years, and during that period served on the publication board for the *Journal of Virology*, *Journal of Microbiology* and the *Journal of Applied and Environmental Microbiology*.

He also served as the chairman of the U.S. National Committee / National Academy of Sciences, International Union of Microbiological Societies.

In 1977, Dr. Joseph was presented with the Barnett L. Cohen Distinguished Award in Microbiology. In 1985 he received the American Public Health Association Difco Award.

On the 100th anniversary of the Laboratories Administration in June of 1998, the O'Connor Building's Lab Tower was named the J. Mehse Joseph Public Health Laboratory.

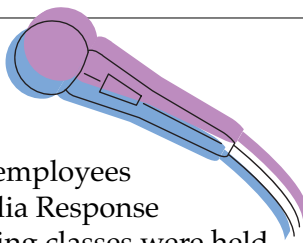
Just last year, Dr. Joseph was presented with the 2002 Lifetime Achievement Award by the Association of Public Health Laboratories.

Born in Whitesville, West Virginia on September 30, 1928, Dr. Joseph received his undergraduate degree in three years from West Virginia University. By age 23, he earned his Ph.D. in Microbiology and Chemistry from the University of Maryland.

He is survived by his wife, LaRue, five daughters, four sons and 22 grandchildren.

Editor's Note: Thanks to Dr. Jack DeBoy, deputy director of the Laboratories Administration, for providing information for this article.

Media Response Classes Get Good Reviews



More than 110 health department employees participated in four statewide Media Response training courses this spring. Training classes were held in Baltimore City, and Dorchester, Prince George's and Washington counties.

The hands-on sessions provided instruction and guidance in proper communication techniques to local health department employees and DHMH staff. The sessions were designed primarily for interacting with the media but the helpful tips are also useful during community relations situations.

The day-long classes covered important topics such as preparation and planning, goal and message development, trust and credibility, and working with the media. Attendees also participated in role-playing exercises and mock press conferences.

Two follow-up training sessions were held in late May and early June to compliment the initial training courses.

Approximately 40 people attended a "Message Mapping" training session held in the O'Connor Building. Message Mapping is a tool used when developing strategic messages for communication.

The other training session, held in Howard County, offered a global overview of risk communications from Dr. Vincent Novella, an internationally known speaker on the topic. Risk communications is a tool used to relay pertinent information to the public during a crisis situation or other emergency event.

Session participants provided many positive comments and the completed evaluation forms offered excellent feedback and suggestions for future educational training on this and other related topics. Based on the evaluation results, the Office of Public Relations is making plans to hold additional classes in fiscal year 2004.

The training sessions were made available by the DHMH Office of Public Relations as part of the bio-terrorism funding provided by the Centers for Disease Control and Prevention.

***Editor's Note:** Thanks to John Healy, a Public Information Officer in the Office of Public Relations, for writing this article.*

Performance Excellence Winners

Twelve DHMH employees won individual awards and eight teams were honored with **2003 Performance Excellence Awards** during O'Connor Building ceremonies on June 11.

Six of the individual award winners work for facilities, three for local health departments and three for headquarters.

Four facility honorees, nominated in the Customer Satisfaction component, work at the Joseph D. Brandenburg Center.

Cynthia Garner was honored in part for volunteering over 600 hours of time to the Center.

Rhonda Durbin was honored for opening her home to one of the Center's clients; **Janet Ingram** for advocating for and opening her home and life to a client; and **Lori Sites**, for coordinating and leading the Center's Consumer Activity Support Services program that ensures consumers are actively involved in the community in an interactive way.

Ronald Brown of the Clifton T. Perkins Hospital Center also won in the Leadership category for developing and revising procedures that resulted in eliminating budgetary discrepancies.

The Holly Center's **Sandra Lankford** won in the same category for constantly changing her work schedule to meet the needs of the Center.

Harford County Health Department's **Patricia Balducci** received a similar award for initiating and maintaining a variety of programs to provide services and care to the impoverished and neglected in her county.

Tina Raynor of the Caroline County Health Department was awarded in the Leadership category for identifying and leading the implementation of improved financial data tracking to ensure the continued existence of the mental health program.

Leslie Stevens of the Allegany County Health Department won an Innovation award for developing and implementing two new

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Performance Excellence Winners

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initiatives to increase dental care in Allegany County.

Christine Gerhardt of the Office of Operations and Eligibility in Health Care Financing received an Innovation award for proposing an idea to include the Maryland Pharmacy Assistance Program under a federal waiver to expand access to prescription drugs for low-income Maryland seniors at a discount rate.

Albert Goldstein of the Health Care Financing's Division of Program Cost and Analysis won for Customer Satisfaction by, after an automated system failed, working overtime and on weekends for over a year to manually input data to ensure that all Developmental Disability Administration's healthcare providers received correct payments on a timely basis.

Health Care Financing's **Tania Seto**, who works in the Office of Health Services, won a Leadership award for spearheading efforts to resolve a crisis-level backlog of Older Adult waiver applications for the Medicaid program.

Seven of the eight Process Improvement Team awards went to facilities. **The Dazzling Delights**, from the Brandenburg Center, was honored for donating time and labor to create a beautiful garden that has benefited consumers and staff of the Center.

The Deer's Head Dietary Streamlining Team won for reorganizing preparation and distribution of meals while saving nearly \$70,000 a year.

The Medical/Surgical Process Improvement Team of the Spring Grove Hospital Center won for their efforts in evaluating and improving the medical and surgical care provided to patients at the Center's Smith Medical/Surgical Unit.

The Pain Management Team of the Western Maryland Hospital Center won for their efforts in evaluating and improving the pain management of patients at the Center, resulting in improvements of between 25 and 80 percent in six major areas of pain management.

The Pain Team of the Deer's Head Hospital Center was awarded for improving the pain management protocol, resulting in improved protocol compliance and patient satisfaction.

The Pre-Certification Committee of the Spring Grove Hospital Center won for their efforts in evaluating and improving nurse education. Through the committee's efforts, a program was established to prepare and educate licensed nurses to become certified as General Psychiatric Nurses.



*Ty Howard addressed the Performance Excellence Award winners on the topic, **Simply the Best.***

The Transcription Team of the Western Maryland Hospital Center won for improving the use and identification of appropriate patient transportation, resulting in a \$13,000 savings in the first three months under the new procedures.

The one non-facility team award went to the headquarters-based **Pharmacy Cost-Containment Team**, with representatives from Health Care Financing and the Attorney General's Office. They won for developing a comprehensive strategy to reduce pharmacy costs.

Congratulations to all!

And Congratulations to ...

Judith Brown, of the Board of Psychology, who retired in April after 25 years of State service.

Mary Krout, of the Mental Hygiene Administration, who retired in April after 28 years of State service.

Patricia Slusher, of the Mental Hygiene Administration, who retired in May after 15 years of State service.

Francis Smidt, of the Personnel Services Administration, who retired in April after eight years of State service.

Mary Sowers, Waiting List Initiative and Waiver Coordinator for the Developmental Disabilities Administration, who won a Maryland Chapter Young Leader Award from the American Association of Mental Retardation (AAMR). The AAMR is the oldest national professional association for people working in developmental disabilities services.



Representatives of organizations affiliated with the Cigarette Restitution Fund Program's (CRFP) Minority Outreach and Technical Assistance (MOTA) program were recently thanked by Secretary Sabatini for their work in encouraging minority participation in the CRFP cancer and tobacco programs. From left are Terry Lawlah (Maryland Center at Bowie State University), Barbara Blount-Armstrong (Associated Black Charities), Secretary Sabatini, Gwen Buggs (Black Leadership Council for Excellence) and Arless Gist (MOTA coordinator).

Calendar of Events

Tuesday and Wednesday, July 15 - 16 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

Tuesday and Wednesday, October 7 - 8 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

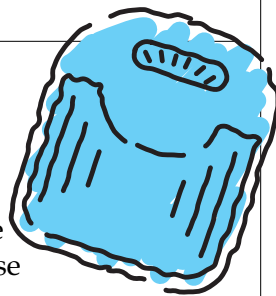
Thursday and Friday, October 23 - 24 — **Maryland Rural Summit**, Ocean City. Log onto www.fha.state.md.us/opcs/ and click on the 'Rural Health Summit' link for more information.

Weight Loss Magic?

There is no magic bullet.

Recent medical studies on diet confirm that you have to use more calories than you consume in order to lose weight. High protein, low carbohydrate diets work because followers eat fewer calories, not because they miraculously burn fat.

If you are overweight, losing as little as five to 10 percent of your weight and keeping it off lowers your risk of heart disease, stroke, diabetes, and some cancers. Managing caloric intake and increasing physical activity to use up those calories are the most important factors for weight loss.



Are you trying to find a weight loss program that is right for you?

The Partnership for Healthy Weight Management has weight loss guidelines that can help you make a decision about a weight loss program. First, evaluate your health risk by determining your body mass index (BMI) and/or waist size. A waist measurement greater than 40 inches for men or 35 inches for women is an indication of increased health risk related to abdominal fat. For a BMI assessment, use the BMI calculator at: www.nhlbisupport.com/bmi/bmicalc.htm.

Next, ask these questions:

- What's involved in following the program (calories, special foods)?
- What are the qualifications of program staff?
- What are the risks of following the program (side effects of supplements, drugs)?
- What is the total cost of the program?
- How successful has this program been for others?
- Does the provider follow Partnership guidelines?

For an evaluation checklist and more information about weight loss programs, visit the Partnership for Healthy Weight Management Web site at www.consumer.gov/weightloss/. For a copy of the Partnership brochure on finding a weight loss program that works for you, e-mail a request to Goodheart@dhmh.state.md.us.

***Editor's Note:** Thanks to the staff in the Family Health Administration's Division of Cardiovascular Health and Nutrition for writing this article.*

Pedal Your Way to Fun and Fitness — But Do It Safely

The sun is shining, the birds are chirping, the flowers are blooming — what could be more perfect than a bike ride? Bicycling is a great way to get physically active and spend quality time with family and friends. All it takes is a little planning and attention to safety.

As a form of exercise, cycling improves cardiovascular health, strengthens muscles, and burns calories.

How does cycling compare to other types of exercise? Cycling at a recreational speed of 9.4 mph burns about 480 calories per hour for a 176-pound man. This compares to 380 calories per hour for walking at 4.2 mph.

Of course, you can't expect to burn that many calories if you spend the whole ride coasting downhill or stopped at traffic lights. So if getting exercise is one of your goals, be sure to plan your route to include both moderate hills and flat terrain.

Before embarking on any cycling trip, get your bike ready for the road. Be sure the brakes are working properly, and the bike's seat, handlebars and wheels are straight. Check and oil the chain, and verify the tires have the correct air pressure.

Put reflectors on your bike to help people see you. You should have a red reflector, three inches across, behind your seat. There

should also be a white reflector in front of the handlebars, and additional reflectors on the spokes of both wheels.

The equipment you wear is just as important as the safety of the bike you ride.

A properly fitted bike helmet is essential. Look on your helmet for a sticker that says it meets safety standards set by the Consumer Product Safety Commission (CPSC).

Helmets for children come with a set of foam pads that stick

inside the helmet to make it fit properly, and can be removed as the child's head grows.

Under Maryland law, all children under age 16 must wear a helmet while biking. The helmet should sit level on the head, not tilted forward or backward. It should have strong, wide straps that fasten snugly under the chin.

Lightweight, light-colored clothes are best for biking, as well as shoes with soles that grip your bike's pedals. And, don't forget plenty of water to keep your body hydrated during your ride.

Now that you and the bike are properly equipped, remember that roadway safety precautions can prevent injuries and accidents, and make the trip more enjoyable.

Always ride in the same direction traffic is moving. Also, ride on the right side of traffic unless you need to make a left-hand

turn. Use bike lanes or bike routes wherever you can, and never ride on the sidewalk. Watch traffic closely for turning cars, or cars leaving driveways. If you are biking with others, always ride single file on the street. Walk your bike across busy intersections at the crosswalk. Cyclists should observe all traffic laws, and use correct hand signals for turns and stopping.

When you follow good safety practices, you maximize your chance of having an enjoyable biking experience. Take advantage of the summer weather and pedal your way to fun and fitness!

Editor's Note: Thanks to Tara Snyder, Community Health Educator in the Center of Health Promotion, Education and Tobacco Prevention, for writing this article.



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